

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>4</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Sharla</u>	MI
	NICKNAME	LAST <u>Baldrige</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1873 N Highway 385 Levelland, TX 79336</u>		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(806)</u>	PHONE NUMBER <u>392-0898</u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Same as above</u>	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>Same as above</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>()</u>	<u>Same as above</u>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<u>1</u>	<u>23</u>	<u>26</u>
	THROUGH		
	<u>2</u>	<u>21</u>	<u>26</u>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<u>3</u>	<u>3</u>	<u>2026</u>
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>Hockley County Judge</u>	13 OFFICE SOUGHT (if known) <u>Hockley County Judge</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

FEB 4 3 2026

BY: _____

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

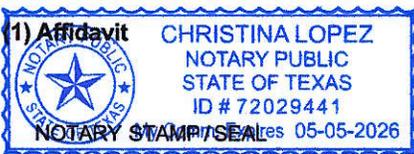
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1042.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 1042.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sharla Baldrige

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Sharla Baldrige this the 23rd day of February, 2024, to certify which, witness my hand and seal of office.

Christina Lopez Christina Lopez Notary Public, State of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2		2 FILER NAME	Sharla Baldrige		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	6					\$ 1042.74	
5 CREDIT CARD ISSUER	Name of financial institution Bank of America Mastercard						
6 PAYMENT	(a) Amount Charged \$ 159.18	(b) Date Expenditure Charged 2-1-26	(c) Date(s) Credit Card Issuer Paid 2-19-26				
7 PAYEE	(a) Payee name National Pen Co LLC	(b) Payee address; City, State, Zip Code PO Box 849203 Dallas TX 75284-7203 <input type="checkbox"/> Check if individual's residence address.					
8 PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Pens			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sharla Baldrige		Office Sought Hockley County Judge		Office Held County Judge		
PAYMENT	(a) Amount Charged \$ 60.00	(b) Date Expenditure Charged 2-6-26	(c) Date(s) Credit Card Issuer Paid 2-19-26				
PAYEE	(a) Payee name Donna Bilbrey	(b) Payee address; City, State, Zip Code 5011 104th Lubbock TX 79424 <input checked="" type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Cookies			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sharla Baldrige		Office Sought Hockley County Judge		Office Held County Judge		
PAYMENT	(a) Amount Charged \$ 60.00	(b) Date Expenditure Charged 2-18-26	(c) Date(s) Credit Card Issuer Paid 2-19-26				
PAYEE	(a) Payee name Donna Bilbrey	(b) Payee address; City, State, Zip Code 5011 104th Lubbock TX 79424 <input checked="" type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Cookies			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sharla Baldrige		Office Sought Hockley County Judge		Office Held County Judge		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME <i>Sharla Baldrige</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6		\$ 1042.74
5 CREDIT CARD ISSUER	Name of financial institution <i>Bank of America Mastercard</i>	
6 PAYMENT	(a) Amount Charged \$ 385.63	(b) Date Expenditure Charged 2-13-26
		(c) Date(s) Credit Card Issuer Paid 2-19-26
7 PAYEE	(a) Payee name <i>KLVT Radio</i>	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. <i>611 N West Ave Levelland TX 79336</i>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Radio Ads</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sharla Baldrige</i>	Office Sought <i>Hockley County Judge</i>
		Office Held <i>County Judge</i>
PAYMENT	(a) Amount Charged \$ 299.72	(b) Date Expenditure Charged 2-2-26
		(c) Date(s) Credit Card Issuer Paid 2-19-26
PAYEE	(a) Payee name <i>Action Printing</i>	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. <i>2407 82nd St Lubbock TX 79423</i>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Brochures</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sharla Baldrige</i>	Office Sought <i>Hockley County Judge</i>
		Office Held <i>County Judge</i>
PAYMENT	(a) Amount Charged \$ 78.21	(b) Date Expenditure Charged 2-18-26
		(c) Date(s) Credit Card Issuer Paid 2-19-26
PAYEE	(a) Payee name <i>Action Printing</i>	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. <i>2407 82nd St Lubbock TX 79424</i>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Foam Board</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought
		Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED